

Directives Comment Summary Sheet

Directive No.: _____
Initiator Code: _____

Directive Title: _____
Initiator Name: _____

The originating organization ***must*** complete this form and include with the final directive package for signature by the approving office. Use of this form is optional for PGs and WIs. **Column 1:** Codes solicited for comment. **Column 2:** Were comments received? If the answer is No, leave **Column 3** blank. **Column 3:** Were the comments incorporated? **Column 4:** Was the disposition of comments discussed with the submitter? **Column 5:** Remarks ***must*** include reasons for not incorporating comments and may include other summary information as well.

a. Is a QMS Training Module needed for this directive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Does the current QMS Training Module remain in effect?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not Applicable <input type="checkbox"/>

1. Org Code	2. Comments		3. Incorporated		4. Reviewer Contacted		5. Remarks
	Yes	No	Yes	No	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Comments/disposition may be attached on separate page if too large for form.</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	